TOWN OF MANCHESTER
Direct Deposit Authorization Form

Name: _____

Social Security Number: _____

Do you presently have direct deposit? Yes _____ No _____

If you have direct deposit presently, is this a change or addition to how it is presently set up?

Change _____ Addition _____

Attach a voided check(s) or the top of the savings statement for each account chosen.

Name of First Financial Institution _____
Financial Institute's Mailing Address _____
Town _____ State _____ Zip Code _____
Type of Account Checking _____ Savings _____
Account Number _____
Amount of Deposit $ _____
(specify amount or put "NET" meaning the entire amount)

Name of Second Financial Institution _____
Financial Institute's Mailing Address _____
Town _____ State _____ Zip Code _____
Type of Account Checking _____ Savings _____
Account Number _____
Amount of Deposit $ _____
(specify amount or put "NET" meaning the remaining amount after deducting amount going to the First Financial Institute)

I hereby authorize the direct deposit of all or the designated portion of my net pay in the financial institution(s) indicated above. Such direct deposit shall be made on each payday unless I choose to terminate this agreement in writing. Any such notification shall become effective following receipt, after a reasonable opportunity to act upon it.

In the event that funds are deposited erroneously into my account, I authorize the Town of Manchester to debit my account for an amount not to exceed the original amount of the credit.

_____ _____
Employee Signature Date